

MAY 1 6 2005

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### TELEFAX

Date: May 16, 2005

Total pages: 9 (incl. cover

sheet)

To:

US PTO

Telephone:

Telefax: 703-872-9306

From: Rivka D. Monheit

Telephone: 404-879-2152

Telefax: 404-879-2160

Our Docket No. CMCC 654 DIV (2) Your Docket No.

Client/Matter No. 078856/59

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#### **MESSAGE:**

# IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:

Bruce A. Yankner and Philip Nadeau

Serial No.:

10/086,398

Art Unit:

1617

Filed:

February 28, 2002

Examiner:

Shaojia A. Jiang

For:

METHODS FOR DECREASING BETA AMYLOID PROTEIN

PTO/SB/21 Transmittal Form; PTO/SB/21 Fee Transmittal, PT/SB/122 Change of Correspondence Address-Application, PT/SB/82 Revocation of Power of Attorney with New Power of Attorney, PTO/SB/96 Statement Under 37 CFR 3.73 (b) and Assignment.

(45057002.1)

| M. 4 - 10 - 10 - 10 - 10 - 10 - 10 - 10 -                                                                      |                                                                                                                                          | U.S. F<br>no persons are required to respond to a col                                                                                                                                                                                                | Palent and Trademark | Office: U.                                                              | PTC/SB/21 (09-04)<br>rrough 07/31/2006. OMB 0651-0031<br>S. DEPARTMENT OF COMMERCE<br>isolays a valid OMB control number |
|----------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|-------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|
| Under the Paper                                                                                                | WORK REQUERED ACT OF 1995.                                                                                                               | Application Number                                                                                                                                                                                                                                   | 10/086,398           | meet it o                                                               | ISSUED B TAIN ONG COMOCHADIDO.                                                                                           |
| TRA                                                                                                            | NSMITTAL                                                                                                                                 | Filing Date                                                                                                                                                                                                                                          | February 28,         | 2002                                                                    |                                                                                                                          |
|                                                                                                                | FORM                                                                                                                                     | First Named Inventor                                                                                                                                                                                                                                 | Bruce A. Yan         |                                                                         |                                                                                                                          |
|                                                                                                                |                                                                                                                                          | Art Unit                                                                                                                                                                                                                                             | 1617                 |                                                                         |                                                                                                                          |
| the hearmed for all                                                                                            |                                                                                                                                          | Examiner Name                                                                                                                                                                                                                                        | Shaojia A. Jis       | ng                                                                      |                                                                                                                          |
|                                                                                                                | correspondence after Initial ages in This Submission                                                                                     | 8 Attorney Docket Number                                                                                                                                                                                                                             | CMCC 654 D           | IV (2)                                                                  |                                                                                                                          |
| 100011111111111111111111111111111111111                                                                        |                                                                                                                                          | ENCLOSURES (Check all                                                                                                                                                                                                                                | that apply)          |                                                                         |                                                                                                                          |
| Amendment After Affid Extension o Express Abt Information Certified Co Document(s) Reply to Mit Incomplete Rep | Attached  VReply  r Final  tavits/declaration(s)  f Time Request  andonment Request  Disclosure Statement  ppy of Priority  ssing Parts/ | Drawing(s)  Licensing-related Papers  Petition Petition to Convert to a Provisional Application Power of Attorney, Revocalic Change of Correspondence A Terminal Disclatmer  Request for Refund  CD, Number of CD(s)  Landscape Table on CI  Remarks | n Address Cha Add    | Appeal of Appeal (Appeal (Appeal Status Other Ebelow)) ange of liress A | Enclosure(s) (please Identify<br>:<br>? Correspondence<br>pplication; Statement<br>CFR 3.73(b) with copy of              |
|                                                                                                                | SIGNA                                                                                                                                    | TURE OF APPLICANT, ATTO                                                                                                                                                                                                                              | RNEY, OR AG          | ENT                                                                     |                                                                                                                          |
| Firm Name                                                                                                      | Pabst Patent Gr                                                                                                                          | oup LLP                                                                                                                                                                                                                                              |                      |                                                                         |                                                                                                                          |
| Signature                                                                                                      | Rivba D. M.                                                                                                                              | mhait                                                                                                                                                                                                                                                |                      |                                                                         |                                                                                                                          |
| Printed name                                                                                                   | Rivka D. Monhei                                                                                                                          | <u> </u>                                                                                                                                                                                                                                             |                      |                                                                         |                                                                                                                          |
| Date                                                                                                           | May 16, 2005                                                                                                                             |                                                                                                                                                                                                                                                      | Reg. No. 48,7        | 731                                                                     |                                                                                                                          |
| sufficient postage a                                                                                           | this correspondence is<br>as first class mail in an éi                                                                                   | CERTIFICATE OF TRANSMISS being facsimile transmitted to the USP nvelope addressed to: Commissioner for                                                                                                                                               | FO or deposited with | h the Un<br>k 1450, /                                                   | ited States Postal Service with<br>Alexandria, VA 22313-1450 on                                                          |
| the date shown bell<br>Signature                                                                               | la i                                                                                                                                     | o Runeu                                                                                                                                                                                                                                              |                      |                                                                         |                                                                                                                          |
| Typed or printed na                                                                                            |                                                                                                                                          | - ·-J                                                                                                                                                                                                                                                |                      | Date                                                                    | May 16, 2005                                                                                                             |

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a banefit by the public which is to file (and by the USPTO to process) an application, Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burdon, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22315-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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- 20 or HP =

- 3 or HP =

APPLICATION SIZE FEE

HP = highest number of total claims paid for, if greater than 20

Extra Claims

HP = highest number of independent claims paid for, if greater than 3

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Fee (\$)

PTO/SB/17 (12-04)

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|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|------------------------|--------------|-------------------------------|---------------|--------------------------|-------------------------|
| Under the Paperwork Roduc                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ction Act of 1995 no<br>active on 12/08/2004 |                        | rea to respo | mo to a consector             |               | nplete if Known          | ABIIO OMB COILIO HOLLOS |
| Fees pursuant to the Conso                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | idated Appropriation                         | s Act, 2005 (H.R.      |              | polication Nurr               |               | /086.398                 |                         |
| FEE TR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | RANS                                         | ЛІТТА                  |              | iling Date                    |               | bruary 28, 2002          | 2                       |
| <u> </u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | or FY 200                                    |                        |              | irst Named Inv                |               | ice A. Yankner           |                         |
| 10                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 71 1 200                                     |                        | _ <u> </u>   | xaminer Name                  |               | eojia A. Jiang           |                         |
| Applicant claims 6mg                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ell entity status. S                         | ee 37 CFR 1.27         | ,            | urt Unit                      |               | 17                       |                         |
| TOTAL AMOUNT OF PA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | YMENT (\$) 0.                                | 00                     | <u></u>      | Attorney Docket               |               | ACC 654 DIV (2           | }                       |
| METHOD OF PAYME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | NT (check all th                             | at apply)              |              |                               |               |                          |                         |
| Check Credi                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                              | ney Order              |              |                               | olease identi | ty):<br>c Pabst Patent 0 | Froup LLP               |
| For the above-ide                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ntified deposit acc                          | ount, the Directo      | or is hereb  | y authorized to               | : (check all  | that apply)              |                         |
| Charge fee                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | (s) indicated belov                          | v                      |              | Charg                         | e fee(s) in   | ficated below, exce      | pt for the filing fee   |
| Charge any under 37 C WARNING: Information on the control of the c | additional fee(s)                            |                        |              | Credit                        | t any overp   | ayments                  |                         |
| information and authorization                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | on on PTO-2038.                              |                        |              |                               |               |                          |                         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                              |                        |              |                               |               |                          |                         |
| 1. Basic filing, SE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | FILING FE                                    | es                     | SEARC        |                               | EXAMI         | IATION FEES              |                         |
| Application Type                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                              | all Entity<br>'ee (\$) | Fee (\$)     | Small Entity<br>Fee (S)       | Fee (\$       | Ece (S)                  | Fees Paid (\$)          |
| Utility                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 300                                          | 150                    | 500          | 250                           | 200           | 100                      |                         |
| Design                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 200                                          | 100                    | 100          | 50                            | 130           | 65                       |                         |
| Plant                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 200                                          | 100                    | 300          | 150                           | 160           | 80                       |                         |
| Reissue                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 300                                          | 150                    | 500          | 250                           | 600           | 300                      |                         |
| Provisional                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 200                                          | 100                    | 0            | 0                             | 0             | 0                        | ••                      |
| 2. EXCESS CLAIM F                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | EES                                          |                        |              |                               |               |                          | Small Ent               |
| Fee Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | C. D                                         |                        | . 40 aad -   |                               | ho origi-:    | T mateur                 | Fee (\$) Fee (\$) 50 25 |
| Each claim over 20 or,<br>Each independent clair                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | iot Keissues, e                              | ech Claim Over         | : LU BDG I   | nore man in i<br>dest claim m | ose than i    | n the original pate      |                         |
| Multiple dependent cla                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                              | Keisshes, exci         | , machen     | Gent ciann ni                 | A.c amii      | r ma originar ban        | 360 180                 |
| Total Claims                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Extra Claims                                 | Fee (\$)               | Fee Pa       | ild (\$)                      | Multiple      | Dependent Claim          | <u> </u>                |

| Total Shee                          | <u> </u>                           | ber of each additional 50 or fraction ther<br>(round up to a whole number) |                          |
|-------------------------------------|------------------------------------|----------------------------------------------------------------------------|--------------------------|
| 4. OTHER FEE<br>Non-Engli<br>Other: | sh Specification, \$130 fee (no sm | all entity discount)                                                       | Fees Paid (\$)           |
| SUBMITTED BY                        |                                    |                                                                            |                          |
| Signature                           | Richa D. Monheit                   | Registration No. 48,731 (Attorney/Agent)                                   | Telephone (404) 879-2152 |
| Name (Print/Type)                   |                                    | •                                                                          | Date May 16, 2005        |

Fee Paid (\$)

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity)

for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

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| I hereby rovoke all previous powers of attorney given                                                                   | in the above-identifie              | ed application.                                 |
|-------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------------------|
| A Power of Attorney is submitted herewith.                                                                              |                                     |                                                 |
| OR  I hereby appoint the practitioners associated with the                                                              | e Customër Number:                  | 23579                                           |
| Please change the correspondence address for the a                                                                      | bove-identified applica             | ation to:                                       |
| The address associated with Customer Number:                                                                            | 23579                               |                                                 |
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| City                                                                                                                    | State                               | Zip                                             |
| Country                                                                                                                 | Viato                               | 2.4                                             |
| Telephone                                                                                                               | Fax                                 |                                                 |
| lam the:                                                                                                                |                                     |                                                 |
| Applicanit/inventor.                                                                                                    |                                     |                                                 |
|                                                                                                                         | FD 9 74                             |                                                 |
| Statement under 37 CFR 3,73(b) is enclosed. (For                                                                        | n PTO/SB/96)                        |                                                 |
| SIGNATURE of Applican                                                                                                   | or Assignee of Reco                 | bre                                             |
| Signature Burda Manning                                                                                                 | on beha                             | of Children's Medical Center Corporation        |
| Name BRENDA MANNING                                                                                                     |                                     | 3844                                            |
| Date May 11, 2005                                                                                                       |                                     | 17-355-7050                                     |
| NOTE: Signatures of all the inversor or manignees of record of the entire interest of signature is required, see below. | of libeir representative(s) are deq | rulred, Gubinji multiple forms if more than one |
| Total of tome are pulpositist.                                                                                          |                                     |                                                 |

This collection of information is required by 37 CFR 1.39. The information is required to obtain or rotain a benefit by the popule which is tartile (and by the USPTO to process) as application. Confidentially is governed by 33 U.S.C. 122 and 37 CFR 1.14 and 1.14. This collection is submitted to take 3 minution to process) as application, confidently in governed by 33 U.S.C. 122 and 37 CFR 1.14 and 1.14. This collection is submitted to take 3 minution to complete applications from it the USPTO. Then way reporting upon the individual case. Any comments on the amount of time yeld require to complete this from and/or suggestions for reducing this tuming, should be saith to the Child information Officer. U.S. Peters and Teachmark Office, U.S. Department of Committee, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEAD FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissionar for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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| STATEMENT UNDER 37 CFR 3.73(b)                                                                                                                                                                                                                                                                                               |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Applicant/Patent Owner: Bruce A. Yankner and Philip Nadeau                                                                                                                                                                                                                                                                   |
| Application No /Petent No.: 10/088,398 Filed/Issue Date: February 28, 2002                                                                                                                                                                                                                                                   |
| Entified: METHODS FOR DECREASING BETA AMYLOID PROTEIN                                                                                                                                                                                                                                                                        |
| Children's Medical Center Corporation a corporation (Name of Assignee) (Type of Assignee, e.g., corporation, partnership, university, government eigency, etc.)                                                                                                                                                              |
| states that it is:  1.  the assignee of the entire right, title, and interest; or                                                                                                                                                                                                                                            |
| 2. an assignee of less than the entire right, title and interest.  The extent (by percentage) of its ownership interest is                                                                                                                                                                                                   |
| In the patent application/patent identified above by virtue of either.                                                                                                                                                                                                                                                       |
| An assignment from the inventor(s) of the patent application/patent identified above. The assignment was recorded in the United States Patent and Trademark Office at Reel, or for which a copy thereof is attached.                                                                                                         |
| OR  B. A chain of title from the Inventor(s), of the patent application/patent identified above, to the current assignee as shown below:                                                                                                                                                                                     |
| From:To:To:To:To the document was recorded in the United States Patent and Trademark Office at                                                                                                                                                                                                                               |
| The document was recorded in the United States Patent and Trademark Office at  Reel                                                                                                                                                                                                                                          |
| 2. From:To:                                                                                                                                                                                                                                                                                                                  |
| The document was recorded in the United States Patent and Trademark Office at  Real , Frame , or for which a copy thereof is attached.                                                                                                                                                                                       |
| 3. From:To:To:To:                                                                                                                                                                                                                                                                                                            |
| The document was recorded in the United States Patent and Trademark Office at Reel , Frame or for which a copy thereof is attached.                                                                                                                                                                                          |
| Additional documents in the chain of title are listed on a supplemental sheet.                                                                                                                                                                                                                                               |
| Copies of assignments or other documents in the chain of title are attached.  [NOTE: A separate copy (i.e., a true copy of the original assignment document(s)) must be submitted to Assignment Division in accordance with 37 CFR Part 3, if the assignment is to be recorded in the records of the USPTO. See MPEP 302.08] |
| The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee.                                                                                                                                                                                                                              |
| Brenda Manaing May 11, 2005                                                                                                                                                                                                                                                                                                  |
| Brenda Manaing May 11, 2005 Signature Date  BRENDA MANNING 617-355-7050                                                                                                                                                                                                                                                      |
| Printed or Typed Name    BRENDA MANNING   6,17-355-705-0                                                                                                                                                                                                                                                                     |
| ASSOCIATE DIRECTOR                                                                                                                                                                                                                                                                                                           |
| Title                                                                                                                                                                                                                                                                                                                        |

This collection of information is required by 37 CFR 3.73(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Condentative is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 12 minutes to complete, including galbaring, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the emount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officor, U.S. Patent and Trademark Office, U.S. Department of Commence. P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commitsationer for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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CMCC 654 DIV (2) / 078856/00059

#### ASSIGNMENT

Weig Bruce A. Yankner of 299 Prince Street, West Newton, Massachusetts 02165, and Philip Nadeau of 11 Temple Street, Apt. 2, Boston, Massachusetts 02114, in consideration of Five Dollars and other valuable consideration paid to us by Children's Medical Center Corporation, a corporation of the Commonwealth of Massachusetts, having its principal place of business at 300 Longwood Avenue, Boston, Massachusetts 02115, the receipt of which is hereby acknowledged, do hereby sell, assign and transfer unto said Children's Medical Center Corporation, its successors and assigns, the entire interest for the United States of America and its territories and all foreign countries and jurisdictions, including all rights of priority under the International Convention for the Protection of Industrial Property in a certain invention or improvement in "Methods for Decreasing Beta Amyloid Protein" described in U.S. Patent Application No. 09/046,235, filed March 23, 1998, by Bruce A. Yankner and Philip Nadeau, in the United States Patent and Trademark Office, and in all Letters Patent of the United States and its territories and all foreign countries and jurisdictions which may or shall be granted on said invention, or any parts thereof, or on said application, or any divisional, continuation, continuation-in-part, reissue or other applications based in whole or in part thereon. And we agree, for ourselves and our executors and administrators, with said corporation and its successors and assigns but at its or their expense or charges, hereafter to execute all applications, amended specifications, deeds or other instruments, and to do all acts necessary or proper to secure the grant of Letters Patent in the United States and its territories and in all other foreign countries and jurisdictions to said corporation, with specifications and claims in such form as shall be approved by the counsel of said corporation and to vest and confirm in said corporation, its successors and assigns, the legal title to all such patents.

"METHODS FOR DECREASING BETA AMYLOID PROTEIN" Filed: March 23, 1998
ASSIGNMENT

And we do hereby authorize and request the Commissioner of Patents and Trademarks of the United States to issue such Letters Patent as shall be granted upon said application or applications based thereon to said corporation, its successors and assigns.

| WITNESS my hand and seal                                                     | this 17th day of April, 1998.                                                                               |
|------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|
|                                                                              | Bruce A. Yankner                                                                                            |
|                                                                              |                                                                                                             |
| Commonwealth of Massachusetts County of Soffelk                              | )<br>)ss.                                                                                                   |
| 13-0.2                                                                       | ,                                                                                                           |
| Then personally appeared the the foregoing instrument to be his frame, 1998. | e above named Bruce A. Yankner and acknowledged<br>ree act and deed, before me, this <u>Tib</u> day of Apol |
|                                                                              | Sharon A Cohen                                                                                              |
|                                                                              | Notary Public                                                                                               |
| My Commission expires                                                        | _                                                                                                           |
|                                                                              | SHARON S. COHEN                                                                                             |
|                                                                              | Notary Public                                                                                               |
| My                                                                           | Commission Expires February 18, 2005                                                                        |

531777.1

"METHODS FOR DECREASING BETA AMYLOID PROTEIN" Filed: March 23, 1998
ASSIGNMENT

| WITNESS my hand and s                                                     | eal this granday of April, 1998.                                                |
|---------------------------------------------------------------------------|---------------------------------------------------------------------------------|
|                                                                           | Philip Nadaw                                                                    |
|                                                                           | Philip Nadeau                                                                   |
| Commonwealth of Massachusetts County of Soffelk                           | )<br>)ss.                                                                       |
| Then personally appeared the foregoing instrument to be his freday of, 19 | the above named Philip Nadeau and acknowledged ee act and deed, before me, this |
|                                                                           | Shawn A Cohen Notary Public                                                     |
| My Commission expires                                                     |                                                                                 |
|                                                                           |                                                                                 |

SHARON S. COHEN Notary Public My Commission Expires February 18, 2005

PTO/SB/122 (09-04)

Approved for use through 07/31/2008. OMB 0851-0035
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## CHANGE OF CORRESPONDENCE ADDRESS Application

Address to: Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

| Application Number   | 10/086,398        |
|----------------------|-------------------|
| Filing Date          | February 28, 2002 |
| First Named Inventor | Bruce A. Yankner  |
| Art Unit             | 1617              |
| Examiner Name        | Shaojia A. Jiang  |
|                      | CMCC 854 DIV (2)  |

| The addre                                | ess associated with<br>Number:                                                                                                                                              | 23579                                                                                                                                                                                                                                                             |                                                          |                  |
|------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|------------------|
| OR                                       | ,                                                                                                                                                                           |                                                                                                                                                                                                                                                                   |                                                          |                  |
| Firm or Individual                       | Name                                                                                                                                                                        |                                                                                                                                                                                                                                                                   |                                                          |                  |
| Address                                  |                                                                                                                                                                             |                                                                                                                                                                                                                                                                   |                                                          |                  |
| City                                     |                                                                                                                                                                             | State                                                                                                                                                                                                                                                             | Zip                                                      |                  |
| Country                                  |                                                                                                                                                                             | \                                                                                                                                                                                                                                                                 | <u> </u>                                                 |                  |
|                                          |                                                                                                                                                                             |                                                                                                                                                                                                                                                                   |                                                          |                  |
| Telephone This form cannodata associated | ot be used to change the                                                                                                                                                    | Fax deta associated with a Customer N er Number use "Request for Custo"                                                                                                                                                                                           | lumber. To change the<br>mer Number Data Change' (PTO/SE | ·/124}.          |
| This form cannodata associated I am the: | Applicant/Inventor Applicant/Inventor Assignee of record of the obtained and the statement under 37 CFR 3                                                                   | data associated with a Customer Ner Number use "Request for Customer Number use "Request for Customer Number use".  3.73(b) is enclosed. (Form PTO/SEd. Registration Number 48,731                                                                                | mer Number Data Change" (PTO/SE                          | 3/124 <b>)</b> . |
| This form cannodata associated I am the: | Applicant/Inventor Applicant/Inventor Assignee of record of the estatement under 37 CFR 3 Attorney or agent of record Registered practitioner naivescuted oath or declarati | data associated with a Customer Ner Number use "Request for Customer Number use "Request for Customer Number use".  3.73(b) is enclosed. (Form PTO/SEd. Registration Number 48,731                                                                                | mer Number Data Change* (PTO/SE                          | 3/124 <b>)</b> . |
| This form cannodata associated I am the: | Applicant/Inventor Applicant/Inventor Assignee of record of the estatement under 37 CFR 3 Attorney or agent of record Registered practitioner naivescuted oath or declarati | data associated with a Customer Ner Number use "Request for Customer Number use "Request for Customer Number use".  3.73(b) is enclosed. (Form PTO/SE d. Registration Number 48,731 med in the application transmittal kinn. See 37 CFR 1.33(a)(1). Regist Moalus | mer Number Data Change* (PTO/SE                          | 3/124).<br>      |

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